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ABSTRACT

Alaska law requires that medical and health personnel report known and suspected child abuse and neglect. No one is more likely to see indicators of abuse and neglect than medical and other health-related personnel. Such indicators can include broken bones, bruises, malnutrition and other effects of neglect, infections, and other signs of sexual abuse. Contrary to what people may think, a person who abuses a child is usually not someone with a severe psychiatric disorder. In many instances, a person who abuses is a normal person whose stress levels have reached a crisis point. Medical and health personnel often are in a position to talk to a child, to gain trust, and thereby get insight into what the child may be facing. Medical and health personnel also have the opportunity to observe and talk with parents and other family members, which can provide an overall picture of the family and some of the problems they may be having. Administrators of hospitals and other medical institutions have the responsibility to report known and suspected abuse and neglect. They should make sure that their staffs are aware of the indicators of abuse and neglect. The legal obligation of medical and health personnel to report known and suspected child abuse and neglect takes precedence over the Hippocratic Oath and other professional codes. (Further information is given for diagnosing and reporting neglect.) (LLL)

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Reporting Child Abuse & Neglect in Alaska

Information for Medical and Health Personnel

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The special role of medical and health personnel

PROBABLY no one is more likely to see indicators of abuse and neglect than medical and other health-related personnel. Such indicators can include broken bones, bruises, malnutrition and other effects of neglect, infections and other signs of sexual abuse. Medical and health personnel often are also in a position to talk to a child, to gain his or her trust and thereby get insight into what the child may be facing. Medical and health personnel also have the opportunity to observe and talk with parents and other family members. That can provide an overall picture of the family and some of the problems they may be having. Administrators of hospitals and other medical institutions have the responsibility to report known and suspected abuse and neglect. Further, administrators should make sure that their staffs are aware of the indicators of abuse and neglect.

The legal obligaton of medical and health personnel to report known and suspected child abuse and neglect takes precedence over the Hippocratic Oath and other professional codes.

Reporting Child Abuse & Neglect in Alaska

Alaska law requires that you, as medical and health personnel, report known and suspected child abuse and neglect.

IN RESPONSE to the crucial need for intervention in child abuse and neglect cases, Alaska, like all other states, **requires by law*** that certain groups of people formally report confirmed and suspected child abuse and neglect. Groups who must report include individuals who are most likely to be in contact with children under the age of 18, and who, therefore, are most likely to see and hear important clues about instances of abuse and neglect.

Who are mandated reporters?

THE FOLLOWING PERSONS who, in the performance of their professional duties, have **reasonable cause to suspect**** that a child has suffered harm as a result of abuse or neglect, must **immediately** (as soon as reasonably possible—no later than 24 hours) report that information to the nearest office of the state's Department of Health & Social Services, Division of Family & Youth Services:

- Practitioners of the healing arts, including chiropractors, mental health counselors, dentists, dental hygienists, health aides, nurses, optometrists, osteopaths, physical therapists, physicians, psychiatrists, religious healing practitioners and surgeons;
- Administrative officers of institutions, including public and private hospitals or other facilities for medical diagnosis, treatment or care;

continued...

* Alaska Statutes 47.17

** "Reasonable cause to suspect" means cause, based on all the facts and circumstances known to the person, that would lead a reasonable person to believe that something might be the case.

- Paid employees of domestic violence and sexual assault prevention programs;
- Paid employees of an organization that provides counseling or treatment to individuals seeking to control their use of drugs or alcohol;
- School teachers and school administrative staff members (public and private schools);
- Social workers;
- Peace officers and officers of the state Department of Corrections;
- Child care providers, including foster parents, day care providers and paid staff.

The law encourages the persons named above to also report cases that come to their attention in their nonprofessional capacities. Further, the law encourages any person to report instances of known or suspected abuse and neglect.

What are child abuse & neglect?

STATE LAW DEFINES child abuse or neglect to include the following actions by those responsible for a child's welfare:

- **Physical injury** that harms or threatens a child's health or welfare;
- **Failure to care for a child**, including neglect of the necessary physical (food, shelter, clothing, and medical attention), emotional, mental and social needs;
- **Sexual abuse**, including molestation or incest;
- **Sexual exploitation**, including permitting or encouraging prostitution;
- **Mental injury**—An injury to the emotional well-being, or intellectual or psychological capacity of a child, as evidenced by an observable and substantial impairment in the child's ability to function in a developmentally appropriate manner;

  or

- **Maltreatment**—A child has suffered substantial harm as a result of child abuse or neglect due to an act or omission not necessarily committed by the child's parent, custodian or guardian.

Who are the abused children?

ESTIMATES INDICATE that over two million children are abused or neglected each year in this country alone. In 1989, at least 1,200 and perhaps as many as 5,000 children died as a result of child abuse or neglect, and over 160,000 were seriously harmed.[1] Professionals estimate that one out of every four girls and one out of ten boys will be sexually abused before they reach 18.[2]

Any child can be the victim of abuse or neglect, including:

- Children of all ages, from infancy through the late teens;
- Children from families of all income levels;
- Children of all cultural and social backgrounds.

Who are the abusers?

ANYONE can be a child abuser:

- People in all walks of life;
- People in all income brackets;
- People of all cultural and social backgrounds.

ANYONE...

CONTRARY to what people may think, a person who abuses a child is usually not someone with a severe psychiatric disorder. They may have emotional problems which increase their potential to abuse, but usually, they are indistinguishable from anyone else. In fact, in many instances, a person who abuses is a normal person whose stress levels have reached a crisis point.

Parents Anonymous, Inc., the self-help organization for abusing parents, has identified a number of characteristics of parents who may be at "high risk" to abuse. These indicators, especially when coupled with clues from a child's comments, behavior and/or appearance, can be very useful. Some of these indicators are:[3]

- Parents who do not seem sensitive to their child's basic needs for food, shelter or clothing;
- Parents who seem indifferent to, deny, are unaware of or seem annoyed by injury, illness or developmental delays in their children;

continued...

1 U.S. Advisory Board on Child Abuse and Neglect, "Child Abuse and Neglect: Critical First Steps in Response to a National Emergency," 1990.

2 Sexual Assualt Center, Harborview Medical Center, "Sexual Abuse of Children—The Offender," October 1980.

3 Parents Anonymous, Inc., "Child Abuse is Scary," 1977.

- Parents whose anger about their child's behavior seems to be out of proportion to the situation;
- Parents who are socially isolated and have little time away from their children;
- Parents whose expectations of their children or of themselves as parents are unrealistic;
- Parents who express fear that they may harm their child;
- Parents who are uncomfortable relating to their child in your presence;
- Parents whose self-esteem seems to be very low.

There are some other family indicators that, if coupled with children's indicators, could signal sexual abuse or exploitation. Among those indicators are:[4]

- Previous occurrence of child sexual abuse in the family;
- Other violence in the home;
- Excessive interest in daughter's activities with boyfriends and other peer relationships;
- Rigid role structure in family (paternal dominance/abused, passive mother);
- Marked role reversal between parent and child;
- Unusual amount of or inappropriate physical contacts between family members;
- Complaints about a seductive child.

Children's indicators of abuse or neglect

THE FOLLOWING are excerpts from a more detailed list of indicators compiled by the government of British Columbia, the Ministry of Education, Science & Technology.[5]

- A child who is inadequately dressed for the weather may be neglected.
- Children who are hyperactive, destructive and aggressive may be reflecting the violence at home. Children who act up may be asking for help.

4 Adapted from Jane Ramon, M.S.W., "Indicators of Child Sexual Abuse," 1984.

5 Province of British Columbia, "Child Abuse/Neglect Policy Handbook," 1979.

- Children who are withdrawn, passive, overly compliant can be emotionally damaged. Many abused children feel very little emotion, having withdrawn to their own world.
- A child who has obvious medical needs that are unattended may well be physically neglected.
- Children who are undernourished and who go without breakfast and/or lunch can be suffering from neglect unrelated to poverty.
- Children who are tired, lethargic, listless may be suffering from neglect. Parents may not regulate their child's schedule, including sleep patterns.

There are some additional children's indicators that have often been identified with child sexual abuse. Those include:[6]

- Regression—withdrawing into fantasy worlds, wanting to be someone else;
- Delinquency and aggression—especially sexually acting out and abuse to others;
- Sexual promiscuity, prostitution and unusually seductive behavior;
- Poor self-image;
- Sudden eating and/or sleeping problems;
- Excessive clinging and/or fear of going home or fear of a particular person;
- Unusual fears or phobias, especially of being left alone and of men/boys;
- Self-destructive behavior (drugs, alcohol, suicidal gestures);
- Excessive or unusual rubbing of genitals (their own or others');
- Familiarity with sexual terms and activity beyond the child's age and level of development;
- Excessive and/or inappropriate physical contact with other children or adults;
- Confiding in someone, but not telling the whole story ("We have a secret, but I can't tell" or "What if I want to tell you something but I can't?");

6 Adapted from Jane Ramon, M.S.W., "Indicators of Child Sexual Abuse," 1984.

Further, there are some guidelines for medical personnel to follow as they determine whether an injury could have been caused by nonaccidental means:

- Active children often have small bruises on the shins or knees and, following a spontaneous fall, injury may occur to the orbital ridge or forehead. Bruises in any other site, especially the trunk, buttocks and face, should be viewed with suspicion. Bruising and ecchymoses may be of unusual shapes or might even be recognizable as resulting from a blow with a stick or a belt buckle. Blood tests may identify Idiopathic Thrombocytic Purpura as a possible explanation for unusual bruising.
- Bite marks from human teeth are usually recognizable.
- Bruising, contusion and wounds of the lips, gums, frenulum and buccal mucosa in infants occur from the forceful use of the feeding bottle or spoon in an effort to make the child eat.
- Retinal hemorrhage is often found in association with subdural hematomas in infants. They can also be caused by bobbing of the head during violent shaking or sqeezing the chest. Remember that "easy bruising" is always suspect.
- Spiral fractures of the limbs are uncommon in young children, the greenstick being the rule. A spiral fracture strongly suggests direct rotary twisting of the limb.
- Ribs are a common site for fractures due to beatings.
- Fractures at more than one site are diagnostic of nonaccidental injury, especially if found to be at different stages of healing.
- All cases of burns are suspect. Some occur as a result of direct action of the parent, but more commonly the circumstances leading to the burn can reflect inadequate parental protection.
- In the last decade it has become well established that psychosocial factors have a profound effect on the physical growth of the child. It is now estimated that at least 20 percent of all infants labelled as "failure to thrive" are suffering from deprivation of an environmental nature and should be included in the abuse spectrum. This means that any child who is not thriving should be evaluated from the psychological point of view as well as genetically and organically.

- Sexual abuse is in most instances covert and seldom seen as a presenting complaint. Usually it can only be exposed through skillful interviews.
- Contrary to the opinion in some pediatric textbooks, gonococcal infection in children should always be considered the result of sexual molestation by an infected adult. The only exception is ophthalmia neonatorum.
- The pattern of genital tract injury due to sexual assault will vary depending on (1) the nature and size of the penetrating object; (2) the size of the pelvic outlet and vagina; and (3) the force of the penetration. Even in the case of a one-year-old, vaginal penetration by an erect adult penis or object of similar size is possible. Full penile penetration in very young children will produce the following:
  — Bruising of the labia with marked hematoma production, particularly of the anterior half;
  — Circumferential superficial tears of the vestibular mucosa (This pattern of injury is a constant finding in cases of penile penetration in children up to the age of approximately six years.);
  — Posterior linear tears of the hymen, extending upwards into the posterior vaginal wall and downwards to involve the skin of the perineum and the perineal body itself;
  — Bruising of the vaginal walls frequently associated with vaginal tears;
  — Rupture of the vaginal vault which may lead to vaginal herniation of abdominal viscera.
- Penetration of the anus by an erect adult penis usually results in some kind of injury, ranging from swelling of the anal verge with loss of the normal puckered appearance, to gross tearing of the sphincter.

What should I do if I know or suspect?

IF YOU ARE AWARE of or have a reasonable suspicion of the existence of abuse or neglect, you will probably want to find out what the protocol is for reporting at your clinic, hospital or other institution. ***However, it is important to remember that reporting to your job supervisor or to another individual in your institution does not relieve you of your legal obligation to make the report to the Division of Family & Youth Services.***

To clarify again: You must report not only known instances of abuse and neglect, but also your reasonable suspicions of abuse and neglect. In other words, if you have a reasonable suspicion, even if you are not sure about the existence of abuse or neglect, you are obligated to report. **It is not your responsibility to determine whether your suspicions are correct, or to investigate those suspicions.***

If you cannot contact the nearest office of the Division of Family & Youth Services for any reason, and immediate action is necessary for the well-being of the child, make your report to a police agency. An officer will then take immediate action to protect the child and, at the earliest opportunity, will notify the nearest office of the Division of Family & Youth Services.

There may be times when you wonder whether something constitutes abuse or neglect, or if your suspicions are adequate to warrant reporting. Please feel free to contact the Division of Family & Youth Services office nearest you (addresses and phone numbers are in this brochure) to discuss those questions—anonymously if you prefer. Often such a discussion can make your next move—to report or not—much clearer.

How does the system work and what is my role?

WHEN YOU REPORT, you can discuss with a division social worker the advisability of telling the parents that you have reported. In some cases, telling them why you've reported may be helpful. As Parents Anonymous, Inc. points out, "as the reporting person, you are the first link in the chain of rehabilitation for the family. How you relate to the family can be the conditioning factor for how they perceive those who will follow in the helping process. Your attitude can make the difference between a family that expects and accepts help and one that is defensive and hostile... It helps to realize that abuse may be a plea on the part of the parent for help." [7]

There may be times, however, when you do not want the parents to know that you've reported. In such a case, let the agency to whom you report know that your name is not to be given to the parent in question. Or report anonymously. The important thing is to report. The division may be unable to act without your help, and you may be asked later if you are willing to relinquish your anonymity.

The Division of Family & Youth Services must, by law, investigate all reports of suspected child abuse or neglect. If the agency finds that the report is unfounded and the family is not in need of services, that will end

* "It is not the intent of the legislature that persons required to report suspected child abuse or neglect under this chapter investigate the suspected child abuse or neglect before they make the required report to the department." — Alaska Statutes 47.17.010.

7 Parents Anonymous, Inc., "Child Abuse is Scary," 1977.

the investigation. If, however, the social worker believes that the child is in need of protective services (and that the family is in need of services), a program of in-home support services can be determined to help stop the abuse or neglect, including protective day care, individual and family counseling, and homemaker support. If the social worker determines that the child is in need of emergency protection, the worker can immediately take custody of the child and remove the child to a place of safety. That is a temporary placement. Foster placement or permanent out-of-home placement and termination of parental rights can be done only through court action.

It is important to keep in mind that in most cases, such extreme actions are not required.

If you have reported abuse or neglect and want to know if action has been taken on the case, you can contact the division office for verification. Depending on your role with the family, the division may only be able to give you very limited information. It is important to remember that information you have learned about a family or individual in the course of your duties relating to the reporting of known or suspected abuse is confidential and you may not disclose it to other parties.

What is my legal liability?

ACCORDING TO STATE LAW, a person who, in good faith, makes a report, permits an interview under 47.17.027, or who participates in judicial proceedings related to reports submitted is immune from any civil or criminal liability which might otherwise be incurred or imposed.

A person required by law to file a report of abuse or neglect who willfully or knowingly fails or refuses to do so is guilty of a class B misdemeanor.

The division is committed to keeping children safe *and* to keeping families together when that is possible...

IT IS OFTEN POSSIBLE to work with the family to help them solve their problems. It isn't easy, but people can change.

If you know about or have a reasonable suspicion of child abuse or neglect, report it within 24 hours to the office of the Division of Family & Youth Services nearest you. Following are addresses and phone numbers for offices of the Division of Family & Youth Services.

IF FOR ANY REASON you cannot reach the appropriate office to make a report, call 1-800-478-4444. Remember, if a child is in imminent danger and you are unable to reach the division immediately, contact a local law enforcement agency.

NORTHERN REGION

Fairbanks (Regional Office):
1001 Noble Street
Suite 400
Fairbanks, AK 99701
452-1844

Barrow:
Box A
Barrow, AK 99723
852-3397

Delta:
Box 686
Delta Junction, AK 99737
895-4452

Fort Yukon:
Box 149
Fort Yukon, AK 99740
662-2331

Galena:
Box 329
Galena, AK 99741
656-1667

Nenana:
Box 444
Nenana, AK 99760
832-5204

NORTHWESTERN REGION

Nome (Regional Office):
Box 221
Nome, AK 99762
443-5247

Kotzebue:
Box 370
Kotzebue, AK 99752
442-3226

SOUTHCENTRAL REGION

Regional Office:
550 W. 8th Avenue
Suite 300
Anchorage, AK 99501
265-5080

Anchorage Service Unit:
550 W. 8th Ave.
Suite 201
Anchorage, AK 99501
276-1450

Copper Center:
Box 315
Copper Center, AK 99573
822-3089

Cordova:
Box 1668
Cordova, AK 99574
424-7133

Dillingham:
Box 1089
Dillingham, AK 99574
842-5237

Eagle River:
11723 Old Glenn Highway
Suite 113
Eagle River, AK 99577
694-9546

Homer:
195 Bunnell
Box 1420
Homer, AK 99603
235-7114

Kenai:
110 Trading Bay Road
Suite 160
Kenai, AK 99611
283-3369

Kodiak:
316 Mission Road
Kodiak, AK 99615
486-6174

McGrath:
Box 81
McGrath, AK 99627
524-3848

Naknek:
Box 52
Naknek, AK 99633
246-6642

Sand Point:
Box 448
Sand Point, AK 99661
383-4357

Seward:
Box 148
State Building
Seward, AK 99664
224-5236

Unalaska:
Box 228
Unalaska, AK 99685
581-1236

Valdez:
Box 750
Valdez, AK 99686
835-4789

Mat-Su:
203 W. Dogwood, Suite 2
Palmer, AK 99645
745-1701

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Suite 212
Juneau, AK 99801
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Ketchikan:
415 Main Street
Room 201, State Building
Ketchikan, AK 99901
225-6611

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465-3013

Craig:
Box 254
Craig, AK 99921
826-3266

Haines:
Box 189
Haines, AK 99827
766-2608

Petersburg:
Box 1089
Petersburg, AK 99833
772-3565

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Sitka:
210 "A" Moller
Sitka, AK 99835
747-8608

Wrangell:
Box 970
Wrangell, AK 99929
874-3789

WESTERN REGION
Bethel (Regional Office):
Box 328
Bethel, AK 99559
543-3141

Aniak:
Box 63
Aniak, AK 99557
675-4377

Mountain Village:
Box 155
Mountain Village, AK 99632
591-2613

Kwigillingok:
Box 69
Kwigillingok, AK 99622
588-8627

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